



The California Managed Risk Medical Insurance Board

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DATE: October 31, 2007

TO: Persons and Organizations Interested in the Healthy Families Program
Community Provider Plan Designation

FROM: Shelley Rouillard, Deputy Director
Benefits and Quality Monitoring Division

SUBJECT: 2008-09 Preliminary Traditional and Safety Net Provider Lists for the
Healthy Families Program

Preliminary Traditional and Safety Net Provider lists for the 2008-2009 Community Provider Plan (CPP) designation and the appeals procedure are now available on the Managed Risk Medical Insurance Board website at <http://www.mrmib.ca.gov>. The provider lists can be found under the heading "What's New"-[Traditional & Safety Net Provider Listings and Appeals](#).

- Hospital Listing
- Clinic Listing
- CHDP Provider Listing

A document titled, "Appeals Process for Providers Requesting Revision of the 2008-2009 Traditional and Safety Net Listing for the Healthy Families Program", which outlines the procedures for requesting modifications to the provider lists, and a time line for the 2008-2009 CPP process also are available at this site.

Please follow the website <http://mrmibftp.mrmib.ca.gov> to download the completed T&SN lists by using the same password that MRMIB provided to all the plans in the past. If you do not have the password please contact Hazel Hoang at the address below.

For all plans, please review the referenced provider lists and identify any providers you feel should be added or deleted. Your appeal must be submitted and received by the Managed Risk Medical Insurance Board by close of business **November 30, 2007**. Postmarked documentation received after November 30, 2007, will not be accepted.

If you have any questions, please contact Hazel Hoang at (916) 323-4133 or by e-mail at HHoang@mrmib.ca.gov.

**APPEALS PROCESS FOR PROVIDERS REQUESTING REVISION OF THE
2008-2009 TRADITIONAL AND SAFETY NET LISTINGS
FOR THE HEALTHY FAMILIES PROGRAM**

Note: All Appeals must be received by the Board by 5 p.m., November 30, 2007. Documentation received after 5 p.m., November 30, 2007 will not be accepted.

CHDP provider listing:

Any CHDP provider not included on the traditional and safety net listing that believes it meets the specified criteria listed in the Healthy Families Program regulations and was excluded from the list in error may appeal to the Board. The appeal must be in writing and must state that the provider believes it was incorrectly excluded from the list and include the following supporting documentation: the provider name, address, CHDP provider number, and a copy of a paid claim for a CHDP service provided to an uninsured child (non-Medi-Cal) during the service dates of July 1, 2006 through June 30, 2007.

Clinic listing:

Any clinic not included on the traditional and safety net listing that believes it meets the specified criteria listed in the Healthy Families Program regulations and was excluded from the list in error may appeal to the Board. The appeal must be in writing and must state that the clinic believes it was incorrectly excluded from the list and include the following supporting documentation: the clinic name, address, Medi-Cal provider identification number, documentation that the clinic is either a community clinic, free clinic, rural health clinic, or county owned and operated clinic, and a copy of a paid claim for at least one child between the ages of one and eighteen enrolled in Medi-Cal who received services from the clinic during the July 1, 2006 through June 30, 2007 time period.

Hospital listing:

Any hospital not included on the traditional and safety net listing that believes it meets the specified criteria listed in the Healthy Families Program regulations and was excluded from the list in error may appeal to the Board. The appeal must be in writing and must state that the hospital believes it was incorrectly excluded from the list and include the following supporting documentation: the hospital name, address, county, hospital identification number, and documentation that the hospital was, as of October 1, 2006, either an inpatient disproportionate share hospital as designated by the Department of Health Care Services, a university teaching hospital, a children's hospital, or a county owned and operated general acute care hospital, or a hospital located in a county with no inpatient disproportionate share hospitals.

All appeals will be reviewed by the staff of the Managed Risk Medical Insurance Board. If the Executive Director of the Board finds that the provider does meet the specified criteria, the provider shall be added to the appropriate list. **Send all appeals to the following address:**

Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814
Attention: Hazel Hoang - Benefits and Quality Monitoring Division